

1 COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

2 Name: Hawes TERRY Ray
(Last) (First) (Middle)3 Prisoner Number: AB70514 Institutional Address: P.O. Box 1050
Soledad, ca-93960-1050FILED
DEC 21 2015
SULLIVAN, BOONG
CLEAR & EASY
NORTHERN DISTRICT COURT
OF CALIFORNIA5
6
7 UNITED STATES DISTRICT COURT
8 NORTHERN DISTRICT OF CALIFORNIA9
10 TERRY Ray Hawes
(Enter your full name.)11 vs. C }
12 JERRY Brown, Governor }
13 Jennifer Kent, director of dept., }
14 of health care services which govern }
15 medi-cal }
(Enter the full name(s) of the defendant(s) in this action.) }

V 15. 5866

(Leave blank; to be provided by Clerk of Court)

16
17 COMPLAINT UNDER THE
18 CIVIL RIGHTS ACT,
19 42 U.S.C. § 1983WHA
(PR)

I. Exhaustion of Administrative Remedies.

Note: You must exhaust available administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.

- A. Place of present confinement Salinas Valley State Prison
- B. Is there a grievance procedure in this institution? YES NO
- C. If so, did you present the facts in your complaint for review through the grievance procedure? YES NO
- D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue any available level of appeal, explain why.

1. Informal appeal: This person is not an employee of the C.D.C.R.

- 1 2. First formal level: _____
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4 3. Second formal level: _____
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7 4. Third formal level: _____
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10 E. Is the last level to which you appealed the highest level of appeal available to you?

11 YES NO N/A

12 F. If you did not present your claim for review through the grievance procedure, explain why.

13 Jennifer Kent is not an employee of the C.D.C.R.

16 II. Parties.

17 A. Write your name and present address. Do the same for additional plaintiffs, if any.

18 Terry R. Hawes #AB7051, unit d-3 cell 203 Salinas Valley
19 State prison P.O.Box 1050, Soledad, CA-93960-1050

21 B. For each defendant, provide full name, official position and place of employment.

22 Jerry Brown governor The capital building, Sacramento,
23 CA-95814

24 Jennifer Kent director Health care services, Health care
25 options, P.O.Box 989009, west Sacramento, CA-95798-9850

1 **III. Statement of Claim.**

2 State briefly the facts of your case. Be sure to describe how each defendant is involved and
3 to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If
you have more than one claim, each claim should be set forth in a separate numbered paragraph.

4 see 4 hand written pages of complaint

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16 **IV. Relief.**

17 Your complaint must include a request for specific relief. State briefly exactly what you
want the court to do for you. Do not make legal arguments and do not cite any cases or statutes.

18

19 25 million dollars

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21

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24 **I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

25 Signed this 14 day of December, 2015

26 Jerry R. Daniels
(Plaintiff's signature)

27
28 *Please continue to the next page.*

1
2 **MAGISTRATE JUDGE JURISDICTION**
3

4 Please indicate below by checking one of the two boxes whether you choose to consent or
5 decline to consent to magistrate judge jurisdiction in this matter. Sign this form below your
6 selection.
7

8 **Consent to Magistrate Judge Jurisdiction**
9

10 In accordance with the provisions of 28 U.S.C. § 636(c), I voluntarily consent to have a
11 United States magistrate judge conduct all further proceedings in this case, including trial and
12 entry of final judgment.
13

14 **OR**
15

16 **Decline Magistrate Judge Jurisdiction**
17

18 In accordance with the provisions of 28 U.S.C. § 636(c), I decline to have a United States
19 magistrate judge conduct all further proceedings in this case, including trial and entry of final
20 judgment.
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22 Signed this 14 day of December, 2015
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Complaint page.1

Your Honor hearing this complaint I am not a lawyer, I dont even consider myself to be what some people in prison consider themselves to be "jail-house lawyers".

But I know common sense so I know when I've been done wrong and because I'm innocent of the crime(s) I am in prison on I realize I've been done wrong. So, I'm going to attempt to write this complaint as though I were sitting down face to face explaining to you my situation.

Please further keep in mind I only have a sixth grade education and a mental health diagnoses dating to 1986 of paranoid schizophrenia.

I consider myself to be nothing more than a simple, basic homeless person whom greatly enjoyed his freedom and smoking his medical marijuana and wants to do the right procedures it takes to get reunited with his hippy, homeless, marijuana smoking, free, life. of which filing this complaint is one of those steps.

On 8-31-05 I was arrested in Santa Cruz California on a warrant issued out of marin county, on my Santa Cruz booking sheet under the section where my address should be it says: transient, which indicates I'm homeless and under the section that says: occupation, it reads: disabled, which indicates I'm on welfare benefits and S.S.I. and medi-cal goes hand in hand with disability. Now the medi-cal choice form is used to place a county prisoner in a conservatorship and place them in a state hospital indefinitely, especially when there is a chance the person may be found not guilty on the criminal court level.

Now, keep in mind when the medi-cal system is notified to send a medi-cal choice form (notified typically via E-mail) it takes them about 3 days to process the request.

Further keep in mind upon my arrest of 8-31-05 in Santa Cruz that marin county Sheriffs office was notified of the arrest that day and

over →

Complaint page 2

most assuredly all the information on the booking sheet was provided to marin county.

So the arrest was 8-31-05, the date under the barcode on the cover of the medi-cal choice form instruction booklet cover is: 9-7-05. only 7 days after my arrest.

And my complaint with medi-cal issuing ~~this~~ this choice form is that a person cannot be placed in a conservatorship until after they have been found incompetent or a danger to themselves or others and it takes a judge to declare that and for safety-net reasons medi-cal should be contacted by the court that makes that declaration and that couldnt have happed because at this point I had never seen the inside of a court room and this should have been evidenced by the fact that the medi-cal benefits I was recieving as a free person had yet to be terminated as the discontinuance of the benefits I was recieving as a free person is dated: September 16, 2005 (9-16-05)

So therefore my rights to A proper process of rights were violated by medi-cal and were done so premeditatedly with forethought which is different then, well like when a person comes home to find their spouse in bed with a stranger and that person kills them both - a criminal act but not punishable as when a person premeditatedly plans out to kill a person(s).

So this left law enforcement no choice but to convict me or leave the state open for a law suit. This is evidence by the responce I gave as testimony on the stand at trial. See copy of letter by defence attorney Jon. P. Rankin

And I was arrested on a criminal matter and not a S150. which is a danger to self or others.

Complaint page.3

And the medi-cal choice form with a place for 3 adult signatures but only one adult on it for benefits is because it takes 3 adults to place a adult in a conservatorship and when a adult is in a conservatorship that adult can get limited benefits.

And another point of interest is that because there is a barcode on the choice form they (the powers that be) didnt even trust me to furnish my social security number because as it says on the choice form instruction booklet page in section 6b "Do nothing if there is a barcode, in this space"

so this further alludes to premeditation by the states medi-cal system to place me in a conservatorship. which intent is the same as the legal issue so legally speaking I shouldnt even be in a state prison.

It just so happens that with the way the choice form was addressed which is To The addressee or guardian of—the my name and the C/O (care of) marin county jail and the jail address, and of course when your in jail your guardian is the sheriff.

Also—and this is something I think a lawyer might be able to do. If you serve my complaint on the governor I believe a lawyer could not only get a cash settlement but also my freedom from this section of pavement of a wrongfull conviction. That section of pavement being me being issued the choice form., I could be incorrect about also getting my freedom if I had a lawyer. but I sure have been done wrong by medi-cal thee alleged good guys issuing poor people health insurance but my case proves those "good" guys hide behind a facade of goodness and not a true goodness.

Also IF and only if you would be willing to appoint an attorney on this complaint I would appreciate it, but if not I'm willing to prosecute it myself.

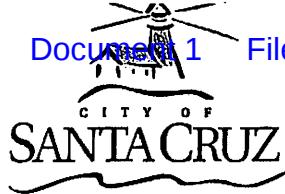
The conviction on my case didnt happen until 8-2009. →

Complaint Page 4

Oh, and by the way one might consider with the way the letter from medi-cal dated 9-27-05 is started with "welcome" that my conservator has already chosen what benefits they want me to have. And I'm no expert but I never heard anything about medi-cal privatizing the medi-cal benefits by offering Kaiser Permanente as being available as health care insurance as they are some costly benefits. Perhaps that is why the people receiving regular benefits via medi-cal are having such a hard time getting doctors to accept them as patients, as I hear on the news that medi-cal is not paying doctors for several months after rendering services. Some news reports say medi-cal is failing.

AS I believe Kaiser Permanente, is a european based company as the word "Kaiser" is the German word for "King" so why should American (California) public (tax payer) dollars go to fund directly a foriegn corporation.

And yet it may be important for a jury to know also what's on this page 4 of my complaint as a jury is made up of the "general public" it gives them a better perspective as to "if" I am suitable to be in a conservatorship.



POLICE DEPARTMENT
155 Center Street, Santa Cruz, CA 95060 • (831) 420-5810 • Fax (831) 420-5811
Kevin Vogel, Chief of Police

February 7, 2013

Terry R. Hawes, #AB7051
Unit A-2, Cell 101 Low
Salinas Valley State Prison
P.O. Box 1050
Soledad, CA 93960-1050

Reference: Santa Cruz Police Department case #05S-09501

Dear Mr. Hawes:

I am in receipt of your handwritten letter dated February 3, 2013. I have reviewed the case involving your arrest by the Santa Cruz Police Department on August 31, 2005. All personal property that was taken from you during the course of your arrest was delivered to the custody of Detective Chapman of the Marin County Sheriff's Office. We are not holding any property associated with your arrest.

As you requested, I have enclosed a copy of the warrant abstract for your arrest on August 31, 2005. If you have any additional questions related to your arrest, I suggest you contact the Marin County Sheriff's Office. They conducted the investigation that lead to the issuance of the warrant for your arrest.

Sincerely,


Kevin Vogel
Chief of Police

Cc: Marin County Sheriff's Office

QQ 10:59:06

1BTUC.SCK0 SCZ0.SCK SCZ

TXT
SANTA CRUZ POLICE DEPARTMENT / SAN TA CRUZ JAIL
***** WARRANT ABSTRACT *****

RE: HAWES, TERRY RAY DOB 02/10/1963 WMA 506/130 BLU/BRO
MARIN COUNTY SHERIFF HOLDS THE FOLLOWING FELONY ARREST WARRANT:
SC143294A ISSUED 08/26/2005 MARIN COURTS JUDGE/SUTRO
VIO/PC 289 A1, PC 245 A1, PC 664/261, PC 136 1, PC 220, PC 243 D BAIL/650,000
PLEASE PLACE A HOLD ON THE ABOVE DEFENDANT IN YOUR CUSTODY AND VERIFY
RECEIPT OF THIS T/T TO BTUC WITH DISPOSITION
THANK YOU FOR YOUR ASSISTANCE
WARRANTS 415-499-7297 BTUC 08312005
ROBERT T DOYLE SHERIFF MARIN COUNTY
20050831 1100 HRS /2292

BOOKING #

B-396904

**SANTA CRUZ COUNTY SHERIFF-CORONER
BOOKING SHEET**

NAME		LAST		FIRST		MIDDLE	ARREST DATE/TIME		ARREST REPORT #	BOOKING DATE/TIME	
HAWES, TERRY RAY							08/31/05	1043	055-09501	08/31/05 1639	
SNUMBER	CII #	FBI #		SOC. SEC. #		BOOKING FACILITY			BOOKING OFFICER		
S-218492	A26439239	230627W3		435137093		WATER ST			C O G CERVANTES		
HOME ADDRESS			CITY	STATE	PHONE #		BOOKING TYPE				
115 CORAL ST			SANTA CRUZ	CA			WARRANT				
RACE	SEX	AGE	DATE of BIRTH	P.O.B.	DRIVERS LICENSE #(CRIM#)		STATE	PAROLE/PROB.	AGENT		
WHITE		N 42	03/10/63	IN							
HAIR	EYES	HT.	WT.	LANGUAGE	ALIAS(ES)		HAWES, TERRY; HAWES, TERRY; HAWES, TERRY;				
BRO	BLU	506	130								
SALIENT CHARACTERISTICS											
TAT BACK; TAT CHEST; TAT RF ARM;											
EMERGENCY NAME			EMERGENCY ADDRESS				CITY		STATE	PHONE #	
ARR. AGENCY	ARRESTING OFFICER			ID #	LOCATION OF ARREST			CITY	STATE		
SCPD	RAIN			145	115 CORAL ST			SANTA CRUZ	CA		
OCCUPATION	EMPLOYER			ADDRESS			CITY	STATE			
DISABLED	UNEMPLOYED										
CHARGES					WARRANT #	ISSUING AGENCY		BAIL	RES		
PC 289(A)(1), PC 245(A)(1), PC 243(D),					SG143394A	MARIN CO		650000	RL		
CHARGES					WARRANT #	ISSUING AGENCY		BAIL	RES		
CHARGES					WARRANT #	ISSUING AGENCY		BAIL	RES		
CHARGES					WARRANT #	ISSUING AGENCY		BAIL	RES		
CHARGES	CONTROLLED DOCUMENT				WARRANT #	ISSUING AGENCY		BAIL	RES		
CHARGES	TO: <u>TEAM HAWES</u>				WARRANT #	ISSUING AGENCY		BAIL	RES		
CHARGES	FOR OFFICIAL USE ONLY				WARRANT #	ISSUING AGENCY		BAIL	RES		
CHARGES	NOT TO BE PHOTOCOPIED NOR IS ANY INFORMATION HEREIN TO BE GIVEN TO				WARRANT #	ISSUING AGENCY		BAIL	RES		
CHARGES	UNAUTHORIZED AGENCIES OR PERSONS.				WARRANT #	ISSUING AGENCY		BAIL	RES		
CHARGES	DATE: <u>7-6-12</u> BY: <u>ED</u>				WARRANT #	ISSUING AGENCY		BAIL	RES		
CHARGES	<u>SHERIFF'S OFFICE, SANTA CRUZ COUNTY</u>				WARRANT #	ISSUING AGENCY		BAIL	RES		
THIS DEFENDANT HAS BEEN INFORMED OF HIS/HER RIGHT TO APPEAR BEFORE A MAGISTRATE PER SECTION 821 AND OF THE PENAL CODE. DEFENDANT <input type="checkbox"/> DID <input checked="" type="checkbox"/> NOT REQUEST APPEARANCE BEFORE A MAGISTRATE.											

INMATE SIGNATURE

BADGE NO.

OFFICER SIGNATURE

109123
215292
HAWES, TERRY RAY

I HAVE BEEN PERMITTED ACCESS TO A PHONE AND I WAS GIVEN THE OPPORTUNITY TO COMPLETE TWO (2) PHONE CALLS PER 851.5 PC

INMATE SIGNATURE

BADGE NO.

OFFICER SIGNATURE

BADGE NO.

RELEASED TO OFFICER SIGNATURE / DEPARTMENT

BADGE NO.

 WITH DETAINER

DATE

TIME

RELEASE TYPE

BND#/RECEIPT #

BONDSDMAN/OTHER

BOND AMT

BADGE #

9/1/05

62319

 OR SD DT 10%
 CB TS 849 OT

90

DATE

TIME

RELEASE TYPE

BND#/RECEIPT #

BONDSDMAN/OTHER

BOND AMT

BADGE #

 OR SD DT 10%
 CB TS 849 OT

RELEASING OFFICER

John Thomas

BOOKING RECORD COPY

Distribution: MT/JM
 White—Booking Record
 Blue—Courts
 Green—D.A.O.
 Pink—P.R.
 White—Control Copy

443 New # S-218492 CU A26439239 FBI 230627WJ3

Box #

SANTA CRUZ COUNTY FIELD ARREST REPORT

NAME: LAST HAWES	FIRST TERRY	MIDDLE Ray	ARREST DATE 8-31-05	ARREST TIME 1042	ARREST CASE # 055-09501		
ADDRESS TRANSIENT	CITY SANTA CRUZ	STATE CA.	PHONE# —	D.O.B. 2-10-63			
AGE 42	CITY, STATE OF BIRTH EVANSVILLE INDIANS	SOC. SEC.# 425-13-7093	RACE U	SEX M	HAIR BWN	EYES BLU	
HTG 5-6	WT 130	DL/ID# STATE	LANGUAGE ENGLISH	EMERGENCY NAME, PHONES —			
CHARGES: WARRANTS	FA[] WA[]	FA[] WA[]	FA[] WA[]	FA[] WA[]	FA[] WA[]	FA[] WA[]	FA[] WA[]
HOLDING AGENCY: WRITS MRC	OCCUPATION County		EMPLOYER Disabled	PHONES Unemployed			
ARRESTING AGENCY OFFICER SCPD	J. DAIN		ID# 145	LOCATION OF ARREST (ADDRESS/CITY) 115 CORAL ST. SANTA CRUZ			
VEHICLE YR	MAKE/MODEL	COLOR	LICENSE/STATE	VEHICLE LOCATION/DISPO: PARKED [] TOWED []			
PROB/PAROLE OFFICER	CHEM TEST: REFUSED <input type="checkbox"/>		SCARS:MARKS:TT:ALIAS MARIJUANA LEAF TATTOO on upper right back				
BLOOD <input type="checkbox"/> BREATH <input type="checkbox"/> URINE <input type="checkbox"/>							
RELATIONSHIP TO VICTIM: WEAPON:				Chest skull			
INJURIES: MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> HOSPITAL:				RA Sign 1st Century Christian			
NOTES/CO-DEFENDANTS							

PROPERTY INVENTORY LIST (TO BE FILLED IN AT TIME OF SEARCH)

WALLET					JACKET	COLOR:	
KNIFE					SWEATER	COLOR:	
BELT			BUCKLE		SHIRT/BLOUSE	COLOR: LT	
KEYS	Y	W	O		PANTS	COLOR: BLU	
WATCH, COLOR				BRAND	DRESS/SKIRT	COLOR:	
				STONE	SHOES	COLOR: BLK	
				STONE	HAT	COLOR:	
				STONE	MISC ITEMS	COLOR:	
				STONE	DUFFLEBAG	BRIEFCASE	
				STONE	SUITCASE		
				STONE	PURSE	CONTROLLED DOCUMENT	
				STONE	BACKPACK	TO: Terry Hawes	
				STONE	BEDROLL	FOR OFFICIAL USE ONLY	
MONEY					NOT TO BE PHOTOCOPIED NOR IS ANY INFORMATION HEREIN TO BE GIVEN TO UNAUTHORIZED AGENCIES OR PERSONS.		
MEDICAL ALERT JEWELRY					DATE 7-5-12 BY ED SHERIFF-CORONER SANTA CRUZ COUNTY		
LIST ITEMS TAKEN AS EVIDENCE							

OFFICER NAME/BADGE/AGENCY:

RECORDING OFFICER/BADGE: **J. DAIN 145** SEARCHING OFFICER/BADGE:

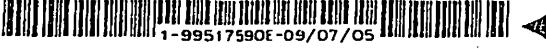
DEFENDANT SIGNATURE: 

I have received all money and property held for me while in custody: Ending cash balance: \$

DATE 9/1/05	DEFENDANT 	RELEASING OFFICER/BADGE# 
-----------------------	--	---

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
Health Care Options, P.O. Box 989009
West Sacramento, CA 95798-9850

RETURN SERVICES REQUESTED
To the addressee or guardian of:

► 1 -  1-99517590E-09/07/05

SA_05 000111_721_582M_2511
TERRY HAWES
C/O MARIN COUNTY JAIL
13 PETER BEHR DR
SAN RAFAEL CA 94903

ENGLISH
1-800-430-4263
Written materials are available

العربية
ARABIC
1-800-576-6881
تتوفر معلومات مطبوعة

ՀԱՅԵՐԵՆ
ARMENIAN
1-800-840-5032
Գրական նյութեր գոյացված օճառ

ខ្មែរ
CAMBODIAN
1-800-430-5005
បាត់ខ្លួនអាសយដ្ឋានកម្រិតខ្ពស់

粵語
CANTONESE
1-800-430-6006
可以提供書面材料

فارسی
Farsi
1-800-840-5034
طالب به زبان های زیر میزید است

HMOOB
HMONG
1-800-430-2022
Coj koo us sas hmoob ntaaw lo maoj fahm

한국어
KOREAN
1-800-576-6883
시민권자의 이용이 가능합니다

國語
MANDARIN
1-800-576-6885
可以提供書面材料

Русский
RUSSIAN
1-800-430-7007
Доступны материалы в русском языке

ESPAÑOL
SPANISH
1-800-430-3003
Se dispone de material escrito.

TAGALOG
TAGALOG
1-800-576-6890
May anga nakasulat na materyales

Tiếng Việt
VIETNAMESE
1-800-430-8008
Có các tài liệu dưới dạng văn bản

TDD
1-800-430-7077



8 Slo. Town Area
Code
805

MEDI-CAL CHOICE FORM

Use this form to join or change a health plan. To choose Kaiser Medi-Cal if you need help filling out this form, call 1-800-436-4263.
Mail Completed form to: California Department of Health Services - Health Care Options • Box 919009 W Sacramento, CA 95829-9009

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY. COMPLETELY FIL IN THE OVALS. TO INDICATE YOUR CHOICE SEE BACK FOR EXAMPLE.

TERRY HAWES

(M)

1) Head of Household Name (First Name, Last Name)

(F)

2) Sex

3) Telephone Number

99517590E-2

1C, 1.O., M.A.R.I.N., C.O.U.N.T.Y., U.A.I.L., 1.3., P.E.T.E.R., B.E.H.R., D.I.

4) Home Address (House Number, Street, Apartment Number, City, and Zip Code)

TERRY HAWES

(M)

5) Applicant's Name (First Name, Last Name)

(F)

V- 99517590E-2

I wish to JOIN or change my plan to:

081 Kaiser Permanente

000 Regular Medi-Cal (FFS)

I want medical too know that a Doctor has made statements about me to certain government agencies without my permission or a provok or consulting me, find this Doctor whom Doctor/Clinic Code ever 1/2/02 she might be is not someone I have had a choice in as far as

Doctor and don't even know whom this

Enter plan change reason code:

5) Applicant's Name (First Name, Last Name)

(M)

(F)

6a. Due Date (if pregnant)

6b. Social Security Number

I wish to JOIN or change my plan to:

081 Kaiser Permanente

000 Regular Medi-Cal (FFS)

I would very much so want a complete investigation into this matter and to speak directly face to face with some one from Doctor/Clinic Code Dept. of Health Service's main

Enter plan change reason code:

office "not local office" to get

(M)

(F)

6a. Due Date (if pregnant)

6b. Social Security Number

5) Applicant's Name (First Name, Last Name)

I wish to JOIN or change my plan to:

081 Kaiser Permanente

000 Regular Medi-Cal (FFS)

to the center of this investigation that must happen without delay.

Doctor/Clinic Code

[REDACTED]

Enter plan change reason code:

[REDACTED]

*PLAN CHANGE REASON CODES:

Code 1: I could not choose the doctor or dentist I wanted

Code 2: The health/dental plan did not meet my needs

Code 3: My doctor/dentist did not meet my needs

Code 4: Too far to go

Code 5: I did not choose this plan

Code 6: Moving out of the county

Code 7: DO NOT USE

Code 8: DO NOT USE

Code 9: Other

NOTICE: I have read the plan description. I understand that Kaiser requires the use of binding neutral arbitration to resolve certain disputes. This includes disputes about whether the right medical treatment was provided (called medical malpractice) and other disputes relating to benefits or the delivery of services. If I pick Kaiser, I give up my right to a jury or court trial for those certain disputes. I also agree to use binding neutral arbitration to resolve those certain disputes. I do not give up my right to a State hearing of my issue, which is subject to the State hearing process.

CHOICE STATEMENT: We have made written choice to receive Medi-Cal benefits by joining in the medical plan or by receiving Regular Medi-Cal (Fee-For-Service). If eligible for Medi-Cal, we understand that each family member will receive health care benefits as we have indicated on this form. We have read and understand the conditions of this agreement. We understand that in order to discontinue my current Medi-Cal Health plan, we must complete this form.

Terry Hawes 9/24/15

Head of Household Signature

Date

Other Adult's Signature

Date

Other Adult's Signature

Date

Highly Confidential



4122572901

MIL_0003451_FNG_0804

State of California - Health and Human Services Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 7A
NOTICE PREPARATION DATE:
September 16, 2005

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL
OTHER

OT00408

HAWES TERRY
TERRY HAWES
C/O MARIN COUNTY JAIL
13 PETER BEHR DR
SAN RAFAEL, CA

94903

The Social Security Administration (SSA) has notified us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check. Because of this, you will not be eligible for SSI/SSP-based Medi-Cal after September 30, 2005.

Regulations which require this action are California Administrative Code, Title 22, Sections 50227 and 50703.

You have contacted SSA and have been told that you will once again receive an SSI/SSP check. Please disregard this notice. SSA will notify the Department of Health Services to turn on your plastic card. This reinstatement process normally takes 4 to 6 weeks. If you have a medical emergency and need your plastic card turned on before the reinstatement process has been completed, contact your local SSA office and they will give you an eligibility referral form which you can take to the local county welfare department. They will turn on your plastic card for the months to which you are entitled.

Though you are no longer eligible for SSI/SSP-based Medi-Cal, you may still be eligible for Medi-Cal benefits under another Medi-Cal category. If the state has been however be a break in coverage during which Part B premiums may be taken out of your Social Security check, you may receive a bill for your Part B premiums. To minimize this break, we recommend that you contact your county welfare office as soon as possible to apply for Medi-Cal. You should take any bill which you have received to the welfare office when you apply. If premiums have been withheld from your check, you should notify the county welfare office when you apply. The county welfare office advise you regarding how you can get a refund or get the bill paid for by Medi-Cal. If you are interested in continuing to receive Medi-Cal benefits, complete the application statement of facts forms that are attached. Mail them IMMEDIATELY to the county department at the following address:

Marin County
Dept of Health & Human Service
Attn: Medi-Cal Intake Unit
Telephone (415) 499-7084
Civic Center Branch PO Box 4160
San Rafael CA 94913

THROW AWAY YOUR PLASTIC CARD! YOU CAN USE IT AGAIN.



MARIN COUNTY SHERIFF'S OFFICE

3501 Civic Center Drive, Room 145, San Rafael, CA 94903

ROBERT T. DOYLE
Sheriff - Coroner
TIMOTHY J. LITTLE
Undersheriff

AREA CODE 415

June 17, 2012

24-HOUR NUMBER
473-7233

FAX
473-4126

NAME: HAWES, TERRY RAY
DOB: 02/10/1963
CDC: AB7051

ADMINISTRATION
473-7250

CIVIL
473-7282

THIS WILL VERIFY THAT YOU WERE IN THE
CUSTODY OF THE MARIN COUNTY SHERIFF ON THE
FOLLOWING DATE(S):

DATE ARRESTED

DATE RELEASED

06/09/2006
09/02/2005

12/31/2009
02/16/2006

COMMUNICATION
SERVICES
473-7243

CORONER
473-6043

COURTS
473-7393

EMERGENCY
SERVICES
473-6584

INVESTIGATIONS
473-7265

SINCERELY,

ROBERT T. DOYLE,
Sheriff, County of Marin

JAIL
473-6655

By Scott Licatovich
Scott Licatovich
Legal Process Specialist

MAJOR CRIMES
TASK FORCE
884-4878

PATROL
473-7233

RECORDS
473-7284

WARRANTS
473-7297

JOSEPH SHIPP, ATTORNEY AT LAW
Post Office Box 20347
Oakland, California 94620
Telephone: (510) 530-9043

ATTORNEY-CLIENT COMMUNICATION

September 28, 2011

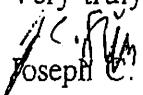
Terry Ray Hawes AB-7051
Salinas Valley State Prison
P.O. Box 1050
Soledad, CA 93960

Re: *People v. Hawes*
Appeal No. A127151

Dear Mr. Hawes,

I enclose minute orders from September 2005 to June 2009 in your case; as you requested, they should show you were found incompetent (Pen. Code 1368), then allowed to represent yourself (waive counsel) at the preliminary hearing (see the minute orders for 12/15/05 and 7/10/06; the minute orders list your charges too). The rest of the transcripts are all bound together, so I would need to send the whole volumes to you. I would like to send the rest of the transcripts because they would be very helpful for your writ; the rest of the transcripts includes your complaints about forced medication, plus rulings about incompetency and self-representation. If you have the minute orders, you might as well have the rest of the transcripts (it's about a box full). Please let me know and I will send the full clerk's and reporter's transcripts to you (not the appeal briefs, just the rest of the transcripts). I wish the court would let me add your other issues to the appeal, but they do not allow new information in the appeal, only in a writ. Also, I am not a federal attorney so I would have to send you the federal habeas form to sign and send to the federal court in proper on our appeal argument; I will remind you about this later if we lose the appeal. Well, I wish you would let me send our appeal briefs, not just the transcripts, but it is up to you. Please let me know if I can send the rest of the transcripts (not the briefs); I think they would help you.

Very truly yours,

 Joseph C. Shipp, Attorney at Law

Jon P. Rankin
Attorney-At-Law

April 05, 2013

Terry Hawes
CDC # AB7051
Salinas Valley State Prison
P.O. Box 1050
Soledad, Ca 93960-1050

Dear Mr. Hawes,

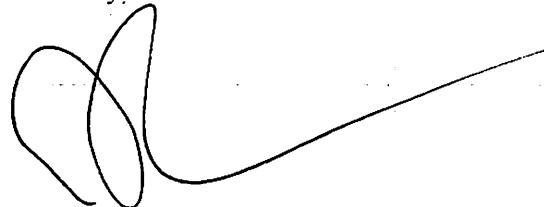
In response to your three most recent letters I have previously explained to you that the case file is stored off site and not easily accessible.

You were previously given copies of the police reports and I am not in a position to retrieve, redact, and copy these reports. You should direct any appeal concerns to your appellate attorney.

I never filed a peremptory challenge on Judge Simmons because that is something that has to be done within 10 days of assignment to that judge. I was not appointed to your case until she had the case far longer than that.

I recall your testimony being entirely non-responsive to the questions posed and instead consisted of statements regarding involuntary medication resulting in memory loss and your perceived status as a political prisoner.

Yours truly,



JON P. RANKIN

Join or Change a Health Plan

Please complete sections for all members who want to join or change a health plan. Parts of this section may already be filled out for you.

5. APPLICANT'S

NAME

Print the full name (First and Last Name) of an individual member of your family.

6. SEX

Fill in oval M for male or F for female.

6a. DUE DATE

The due date is the day the baby is expected to be born. Please write the due date by month, day, and year. For example, December 2, 2003 would be entered as 12/02/03.

6b. SOCIAL SECURITY NUMBER

Do nothing if there is a barcode  in this space. Otherwise, enter your Social Security Number.

5) Applicant's Name (First Name, Last Name)	6) Sex	6a) Due Date (if pregnant)	6b) Social Security Number
<input type="radio"/> I wish to JOIN or change my plan to: <input checked="" type="radio"/> NO plan change <input type="radio"/> 000 Health Plan <input type="radio"/> 000 Regular Medi-Cal (FFS)			
HEALTH PLANS	Doctor/Clinic Code Plan Partner Name (see back of choice form) Enter plan change reason code* <input type="checkbox"/>		
PLAN CHANGE REASON CODES: Code 1: I could not choose the doctor or dentist I wanted Code 2: The health/dental plan did not meet my needs Code 3: My doctor/dentist did not meet my needs Code 4: Too far to go Code 5: I did not choose this plan Code 6: Moving out of the county Code 7: DO NOT USE Code 8: DO NOT USE Code 9: Other			

Join or Change A Health Plan

Join a Health Plan:

Fill in the oval next to "I-wish to JOIN or change my plan to:". Then, fill in the oval for your health plan choice.

Change a Health Plan:

Choose a reason for leaving the health plan from the shaded box called "*PLAN CHANGE REASON CODES" located at the bottom of the form. Write this code number in the box next to "Enter plan change reason code".

If the "No Plan Change" oval is available:

Fill in the oval for "No Plan Change" if any member of the family listed on the choice form does not want to change health plans.

State of California Health and Human Services Agency
Department of Health Services
P.O. Box 989009
West Sacramento, CA 95798-9850

RETURN SERVICES REQUESTED

To the addressee or guardian of:



SA_05_000015_721_610M_2631

TERRY HAWES
C/O MARIN COUNTY JAIL
13 PETER BEHR DR
SAN RAFAEL CA 94903

September 27, 2005
PV SR 7 21 - 99517590E

Welcome!

Enclosed is a choice form and instructions for the voluntary beneficiary(ies) listed on the form to join a Medi-Cal Managed Care health plan. Please refer to the packet of material that was already sent to you. Mail the completed choice form in the enclosed postage-paid envelope. Don't forget to keep the last copy of the form for your records.

If you or your family member(s) have any questions, call Health Care Options, toll-free, at 1-800-430-4263, between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday. If you need personal assistance, use the presentation schedule in this packet to find the nearest enrollment service representative and for a site location.

Take the first step toward providing yourself and your family with health care by completing a choice form today! Get a good start on the road to health!

U.S. POSTAGE PAYMENT BOWES

ZIP 93960 \$ 001.86
02 1W
0001393392 DEC 15 2015



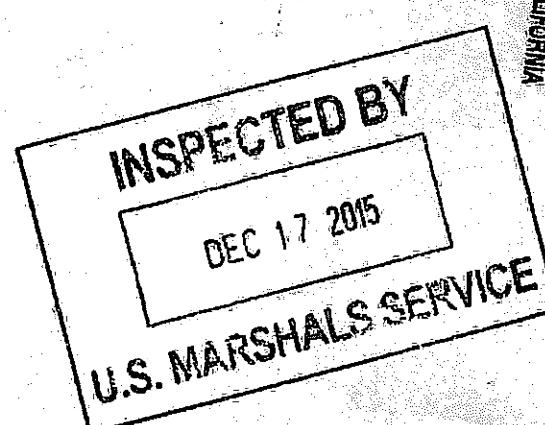
1 eryn maguez - inmate 1021
Unit d - 3 cell 203
Salinas Valley State Prison
P.O. Box 1050
Soledad, CA - 93960-1050

To: Clerk's office
United States District Court
4150 Golden Gate Avenue Box 36060
San Francisco, CA - 94102

STATE PRISON
GENERATED MAIL

CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SUSAN X STROCK

DEC 17 2015



RECEIVED
on 17 Dec 2015



Terry Hawkes #AB7051
Unit d-3 cell 203
Salinas Valley State Prison
P.O. Box 1050
Soledad, CA 93960-1050

Clerks Office
United States District Court
450 Golden Gate Avenue Box 36060
San Francisco, CA - 94102

12/21/2015
RECEIVED
U.S. DISTRICT COURT
CLERK'S OFFICE
MICHIGAN